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4 Attorney for Debtor

5
6 UNITED STATES BANKRUPTCY COURT
7 EASTERN DISTRICT OF NEW YORK

8 In re:
9 Paul M. Grafman,
10 Debtor

Case No:

Chapter 7

**DECLARATION OF DEBTOR—RE: NO-
PAYSTUBS IN THE 60 DAYS PRIOR TO
FILING**

12 I, Paul M. Grafman, under penalty of the laws of the State of New York, do hereby declare as
13 follows:
14

- 15
16 1. I have personal knowledge of the facts set forth herein, I am over 18 years of age and if called
17 upon as a witness, I could and would competently testify thereto in a court of law.
18 2. I have not been employed in the 60 days prior to the filing of my bankruptcy case.
19 3. Accordingly, I have no pay-stubs from that 60-days period to file with the court.
20

21 I declare under penalty of perjury of the laws of the State of New York that the above statement is
22 true and correct.

23 Signed this 26 day of July, 2013, at, New York.

24
25 
26 Paul M Grafman

The City of New York				EMPLOYEE		Payroll Management System			
ITEM #	PAY PERIOD		PAY DATE	PAY STATEMENT		PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
002587	05/16/13	05/31/13	05/31/13			742	9999	Q 42085343	17K249
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION			ISSN	FEDERAL TAX ID	STATE TAX ID	REFERENCE #	C.D.	EMPLOYEE NAME
945418				1 A 00	A 00		1347515	1	GRAFMAN MARINA
TAX INFO		TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD		2280.46	357.61	141.39	33.07	114.31	70.85		846.94
YEAR TO DATE		24952.20	4055.40	1546.32	361.64	1318.86	795.67		
DESCRIPTION		UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:		05/18/13	
REGULAR PAY					2280.46			1433.52	
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT
TRS 414H STD		79.82			HIP/RMO EMPE				
HIP/BC EMPE					UFT -U		49.89		
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									

REVISED 1-10

The City of New York				EMPLOYEE		Payroll Management System			
ITEM #	PAY PERIOD		PAY DATE	PAY STATEMENT		PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
002601	06/01/13	06/15/13	06/14/13			742	9999	Q 42095145	17K249
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION			ISSN	FEDERAL TAX ID	STATE TAX ID	REFERENCE #	C.D.	EMPLOYEE NAME
945418				1 A 00	A 00		1347515	1	GRAFMAN MARINA
TAX INFO		TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD		2280.46	357.61	141.39	33.07	114.31	70.85		846.94
YEAR TO DATE		27232.66	4413.01	1687.71	394.71	1433.17	866.52		
DESCRIPTION		UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:		06/01/13	
REGULAR PAY					2280.46			1433.52	
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT
TRS 414H STD		79.82			HIP/HMO EMPE				
HIP/BC EMPE					UFT -U		49.89		
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									

REVISED 1-10

The City of New York				EMPLOYEE		Payroll Management System			
ITEM #	PAY PERIOD		PAY DATE	PAY STATEMENT		PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
002608	06/16/13	06/30/13	06/28/13			742	9999	Q 42112904	17K249
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION			ISSN	FEDERAL TAX ID	STATE TAX ID	REFERENCE #	C.D.	EMPLOYEE NAME
945418				1 A 00	A 00		1347515	1	GRAFMAN MARINA
TAX INFO		TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD		2280.46	357.61	141.39	33.06	114.31	70.85		846.93
YEAR TO DATE		29513.12	4770.62	1829.10	427.77	1547.48	937.37		
DESCRIPTION		UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:		06/15/13	
REGULAR PAY					2280.46			1433.53	
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT
TRS 414H STD		79.82			HIP/RMO EMPE				
HIP/BC EMPE					UFT -U		49.89		
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									

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The City of New York

EMPLOYEE PAY STATEMENT

Payroll Management System

ITEM #	PAY PERIOD		PAY DATE		EMPLOYEE			
002606	07/16/13	07/31/13	07/31/13		PAYROLL #			
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION				742	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
945418					9999	Q	42132554	17K249
TAX INFO					REFERENCE #	EMPLOYEE NAME		
					1347515	MARINA		
TOTAL EARNINGS					FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX
THIS PERIOD					2029.61	297.09	125.83	29.43
YEAR TO DATE					33572.34	5364.80	2080.77	486.63
CITY TAX					CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD		
98.13					61.07	732.48		
CITY TAX					NET PAY			
1059.51					1297.13			
REGULAR PAY					LEAVE BALANCE AS OF:			
ADJ GRSS BOE					07/18/13			
UNITS/HOUR					AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	
					2280.46			
					250.85			
DESCRIPTION					BAL. AVAILABLE			
					HWMN/DOO			
DESCRIPTION					BAL. AVAILABLE			
					HWMN/DOO			
DO NOT CASH BEFORE CHECK DATE								
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.
TRS 419H STD		71.04			HIP/HMO EMPE			
HIP/BC EMPE					UFT		49.89	
					-U			